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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 496824

Total Fee Calculation

				_		
	Fee Cade	Total # Claims	Number Extra X	Fee	Fcc -	Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	1.0	0 0		<u> 1090 .</u>	
Total Claims >20	203/103	. 5 4 .20	- 34 x		102.	
Independent Claims >3	202/102	: 4.3	- <u> </u>		118	
Mult. Dep Claim Present	204/104			· · · · · · · · · · · · · · · · · · ·	q	
Surcharge	205/105	-			130.	
English Tradslation	139	•	•		,	
TOTAL FEE CALCULA	TION				-	
Fees due upon filing th	ne applicatio	n:				
Total Filing Fees Due	= 5_	1600)_(D)			
Less Filing Fees Subm	iπed - \$ _	4	<u> </u>			
BALANCE DUE	= \$ _	1600	<u>-UU</u>			

Figure 7

Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **NUMBER EXTRA FOR NUMBER FILED RATE** FEE RATE FEE **BASIC FEE** 345.00 690.00 OR minus 20= **TOTAL CLAIMS** X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130 =+260= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **AFTER PREVIOUSLY AMENDMENT EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent-Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** PAID FOR AMENDMENT FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT **AMENDMENT** RATE TIONAL RATE TIONAL **AFTER** PREVIOUSLY **EXTRA AMENDMENT** PAID FOR **FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Application or Docket Number